Improving COPD Management in Medi-Cal Population

Deborah Murr, RN, BS-HCM, Kern Health Systems, deborah.murr@khs-net.com

Project Description: Ninety percent of Californians live in cities and counties that have unhealthy air. Located in Kern County in the Central San Joaquin Valley, Bakersfield CA has high levels of pollution, smog and soot, often leading to health problems such as COPD and asthma and even premature death. These factors provide a "perfect storm" that impacts the populations' health in an area stricken with high poverty and low education levels in a Medi-Cal population. This CHIP introduces an innovative solution to improving health outcomes and quality of life using a plan funded, community partnership with a cost savings reimbursement model.

Outcome - Oriented Objective: Improve individuals' quality of life and provide wrap around services in multiple settings to this vulnerable population to achieve:

- Overall cost reductions by 2%
- ER utilization reduction by 2%
- Inpatient admission reduction by 2%

Solution:

Stratification of COPD population for targeted early in-home interventions and coordination with physician guided outpatient clinic services for 100 individuals using a Shared Savings Value Based Purchasing model vs. Fee for Service.

© Healthforce Center at UCSF

Improving COPD Management in Medi-Cal Population

Deborah Murr, RN, BS-HCM, Kern Health Systems, deborah.murr@khs-net.com

Results

- Implementation pilot 11/2019 with 75/100 enrolled to broader scaled phase 9/2020.
- Utilization/Cost analysis completed comparing 6-month pre-enrollment to post participation in program.

Total Savings	$ 323,788
Shared Saving 25%	$ 80,947
KHS Net Savings	$ 242,841

		VISITS	
GROUP	SUBGROUP	PRE	POST
EMERGENCY ROOM	EMERGENCY ROOM	164	48
INPATIENT	INPATIENT HOSPITAL SERVICES	59	12
OTHER MEDICAL SERVICES	AMBULANCE	78	23
OTHER MEDICAL SERVICES	HOME HEALTH SERVICES	33	88
OUTPATIENT SERVICES	OUTPATIENT HOSPITAL	130	82
OUTPATIENT SERVICES	OUTPATIENT OBSERVATION	28	3
PHARMACY SERVICES	DME	179	124
PHYSICIAN SERVICES	PRIMARY CARE PHYSICIAN	243	77
PHYSICIAN SERVICES	REFERRAL SPECIALTY SERVICES	1,247	413
PHYSICIAN SERVICES	URGENT CARE	88	37
		2,571	997

Next Steps

- Outcome metrics achieved 2% overall reduction in ER/UC/IP. Cost reduction maximum 1.2%.
- Project will be scaled to include secondary diagnoses of CHF and include remote biometric monitoring tools.
- Funding continued through health plan medical budget through 2021.

Lessons Learned

- Selection of providers to participate in the project who share the “vision”.
- Application of Alternative Payment Methodology increased value proposition for providers.
- Broad support to participants-psychosocial, financial, and clinical-community relationships are crucial to well being.
- Member self-ownership of health more difficult than anticipated-disease education lift significant.
- *Be prepared to PIVOT if necessary! Flexibility and Agile approach key to success.*

© Healthforce Center at UCSF